



Division of  
**Health Care  
Finance & Administration**

# **Employment and Community First Refresher Training Part I**

# Rules for the Training

- Review each slide in it's entirety
- Read and sign the attestation at the end of the third PowerPoint on the Attestation page

# Acronyms

- DD – Developmental Disabilities
- ID – Intellectual Disabilities
- I/DD – Intellectual and/or Developmental Disabilities
- DIDD – Department of Intellectual and Developmental Disabilities
- ECF CHOICES – Employment and Community First CHOICES
- EPSDT- Early and Periodic Screening, Diagnostic and Treatment
- HCBS – Home and Community Based Services
- ICAP – Inventory for Client and Agency Planning
- ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ISP – Individualized Support Plan
- LOC – Level of Care
- LTSS – Long Term Services & Supports
- LSA – Life Skills Assessment
- MCO – Managed Care Organization
- MLTSS – Managed Long Term Services & Supports
- NF – Nursing Facility
- PAE- Pre Admission Evaluation
- QA- Qualified Assessor
- QDDP – Qualified Developmental Disabilities Professional
- QIDP- Qualified Intellectual Disabilities Professional
- TPAES – TennCare Pre Admission Evaluation System



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**ECF CHOICES**



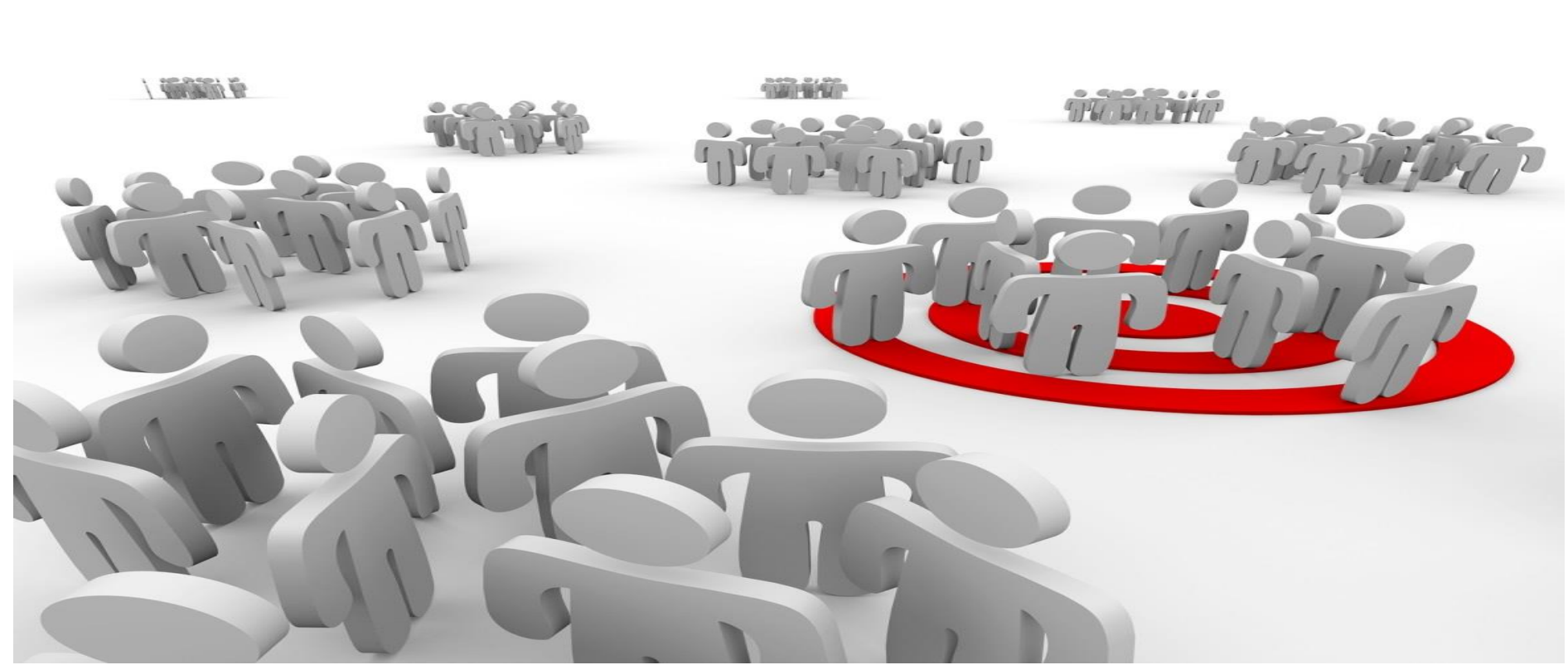
# ECF CHOICES Overview

Tennessee is the first state in the country to develop and implement an HCBS program specifically geared toward promoting and supporting integrated, competitive employment and independent living as the first and preferred option for all individuals with intellectual and developmental disabilities:

**Employment and Community First CHOICES**

# ECF CHOICES Overview

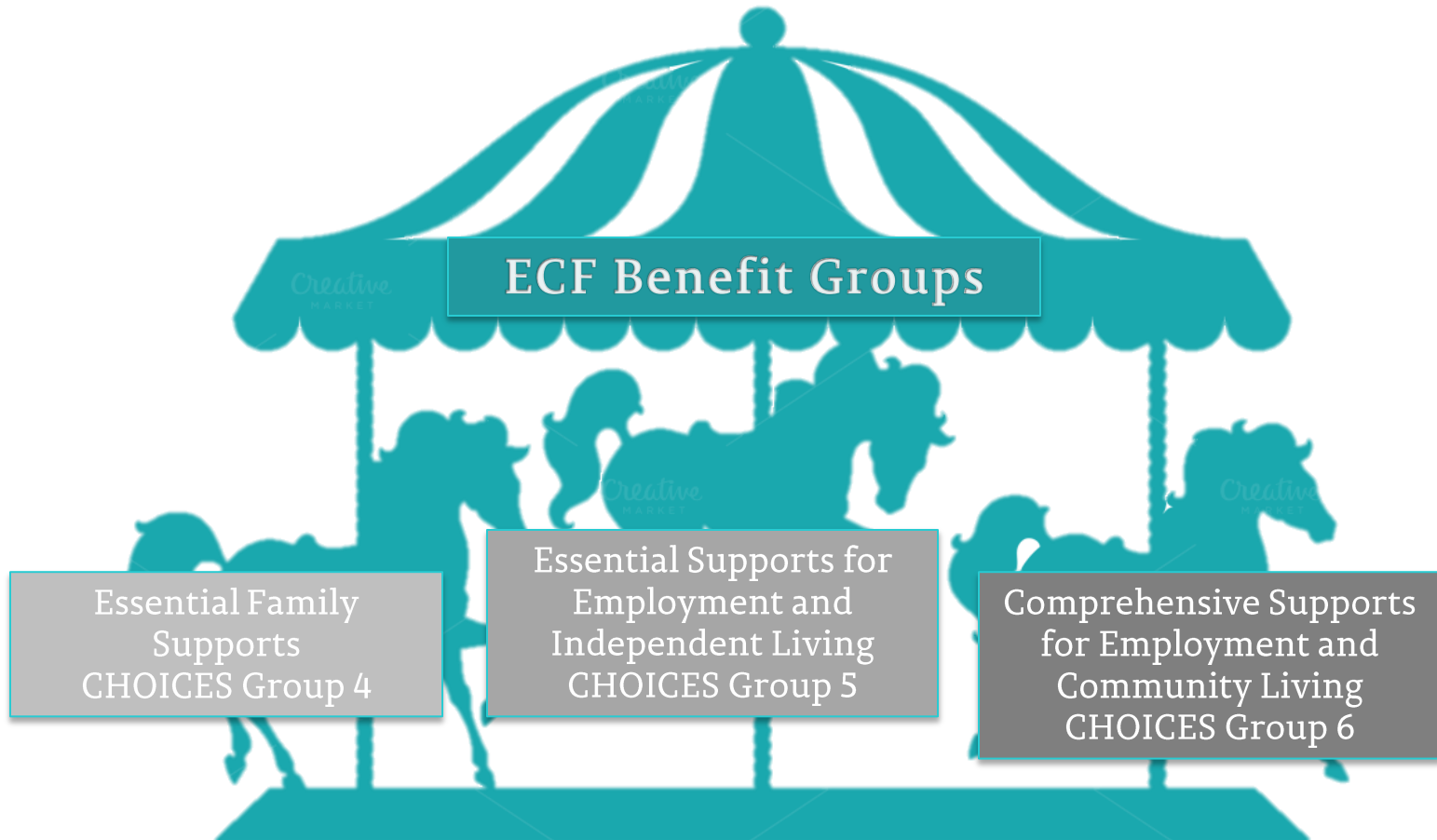
- ECF CHOICES is a new program for individuals with intellectual disabilities *and* individuals with developmental disabilities.
- ECF CHOICES helps to achieve personal defined employment and other outcomes in the most integrated community setting, ensures the delivery of services in a manner that reflects personal preferences and choices, and contributes to the assurance of each member's health and welfare.
- ECF CHOICES uses a tiered benefit structure based on the need of the individual (as determined by the LOC Process).



# ECF Benefit Groups

# 3 Benefit Groups

Tiered benefit structure based on the needs of individuals enrolled in each group helps provide services more cost effectively in order to serve more people over time.





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# CHOICES Group 4 Essential Family Supports

# CHOICES Group 4

**Essential Family Supports** will help families who face the unique challenges of supporting a child with intellectual or developmental disabilities. This group will help individuals with an ID or DD and their families plan and prepare for transition to employment and integrated, independent living in adulthood.

# Who qualifies for Group 4- Essential Family Supports

- Families with children <21 with an ID or DD living at home
- Adults age 21 and older living at home with family may also elect to enroll in this group
- Meet nursing facility level of care or without HCBS, “at risk of Nursing Facility placement”
- HCBS beyond scope of EPSDT that will help support families and sustain natural caregiving networks
- Up to 500 individuals may be served in Group 4 within the first year

# Group 4 Expenditure Cap

- **\$15,000 per member per year**
- Minor home modifications do not count toward the expenditure cap.





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# CHOICES Group 5 Essential Supports for Employment and Independent Living

# CHOICES Group 5

**Essential Supports for Employment and Independent Living** will help adults plan and achieve employment and independent living goals, and participate fully in community life.

# Group 5- Essential Supports for Employment and Independent Living

- Adults age 21 and older with an ID or DD
- Without HCBS, these individuals would be “at risk” of institutionalization
- Designed to assist young adults transitioning from school into integrated, competitive employment
- There are up to 1,000 individuals who may be served in Group 5 within the first year

# Group 5 Expenditure Cap

- \$30,000 per year
- Minor home modifications do count toward the expenditure cap
- Exception for emergency needs up to an additional \$6,000 per calendar year



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# CHOICES Group 6 Comprehensive Supports for Employment and Community Living

# CHOICES Group 6

**Comprehensive Supports for Employment and Community Living** will help individuals with more significant needs related to an ID or DD to receive a more intensive level of services and supports in order to plan and achieve employment and integrated community living goals and to become as independent as possible.

# Group 6- Comprehensive Supports for Employment and Community Living

- Adults age 21 and older with an ID or DD
- Meet nursing facility level of care and require specialized supports related to I/DD (more significant needs)
- More intensive level of services/supports
- Up to 200 individuals may be served in Group 6 within the first year.

# Group 6 Expenditure/Cost Neutrality Cap

- \$45,000 per year-Low to moderate need
- \$60,000 per year-high need
- Exception up to applicable average cost of NF + specialized services for DD with exceptional medical/behaviors needs; average cost to private ICF/IID for ID with exceptional medical/behavior needs.
- Level of Need is determined by the Supports Intensity Scale (SIS).
- TennCare coordinates with a contractor to perform the SIS assessment for ECF Group 6 applicants.
- Upon receipt of the SIS assessment, TennCare determines the expenditure/cost neutrality cap and makes available to the MCO with the enrollment record and to providers on TennCare eligibility records.





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# ECF CHOICES

## Roles and Responsibilities (not all-inclusive)

# ECF CHOICES- Roles and Responsibilities

## **TennCare's Division of Long Term Services and Supports (LTSS):**

- Screens interested individuals and initiates referrals for ECF intake based upon the online referral process
- Manages the Referral List which is maintained electronically on a statewide basis
- Confirms applicants are in the target population for ECF CHOICES
- Determines medical eligibility for ECF CHOICES
- Verifies enrollment criteria are met
- Calculates the ECF CHOICES Group 6 expenditure/cost neutrality cap using the SIS assessment
- Sends enrollment information for ECF CHOICES members to the assigned MCO via 834 and 271u files
- Oversees ECF CHOICES Group 5 expenditure cap exceptions (up to \$6000 per calendar year)
- Training for ECF Qualified Assessor

# ECF CHOICES- Roles and Responsibilities

## **TennCare's Division of Member Services:**

- Determines financial eligibility for Medicaid
- Calculates monthly patient liability obligation

## **TennCare's Contractor: Ascend Management Innovations**

- Performs SIS Assessment
- Assists with determining Level of Need using the SIS assessment
- Performs ICAP training and provides ICAP supplies and score
- Performs training on the Life Skills Assessment

# ECF CHOICES- Roles and Responsibilities

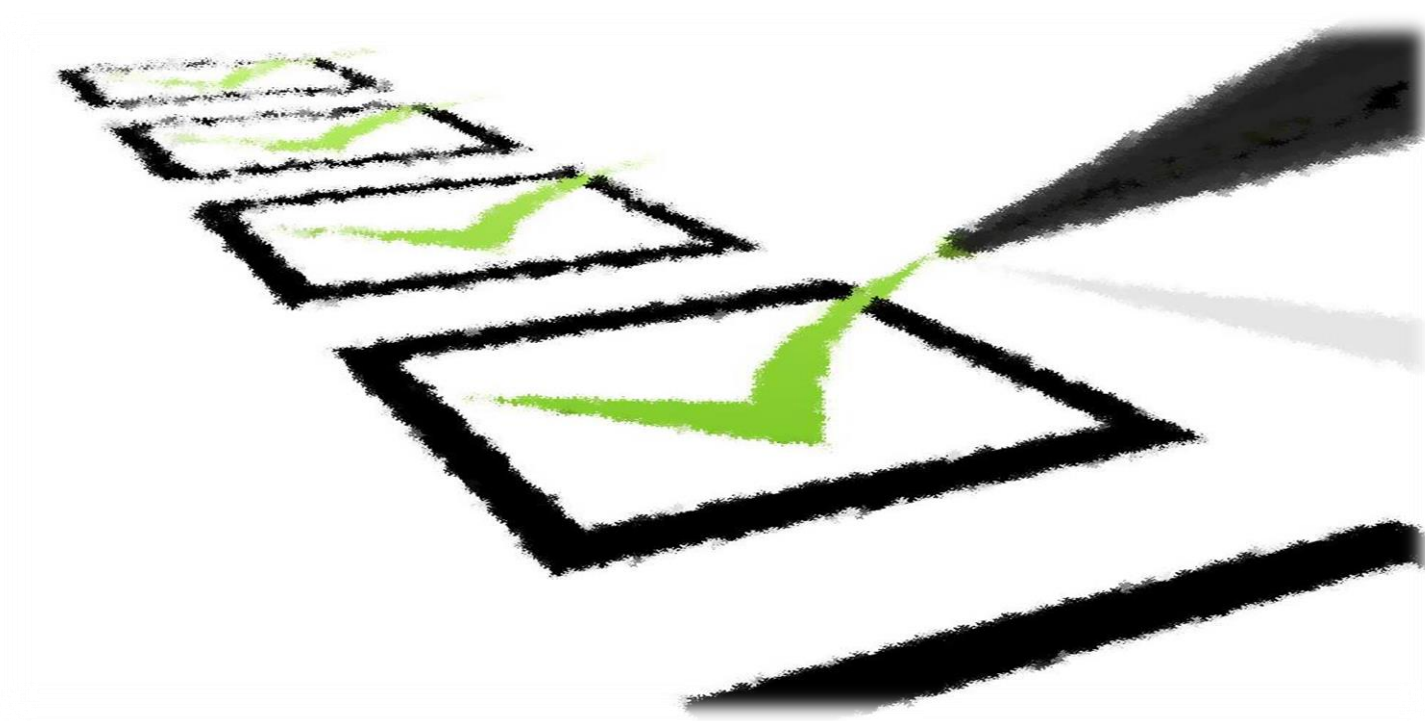
## Managed Care Organizations:

- Assist current members with completing and submitting the online referral form
- Receive ECF CHOICES referrals and perform intake processes
- Confirm that the referral screening accurately reflects potential applicant
- Refer potential applicants to interagency committee
- Facilitate program enrollment for qualifying individuals
- Gather and submit to TennCare proof an applicant is in the target population
- Completes SIS Informant Form to assist with the assessment for Group 6 applicants
- Complete and submit all required documentation, including but not limited to, the PAE application, HCBS documentation tools, LSA, and other assessments (as applicable) to TennCare for medical eligibility decision
- Receives ECF CHOICES enrollment information (to include ECF CHOICES group assignment, monthly patient liability obligation amount and expenditure/cost neutrality cap)
- Requests expenditure cap exception for Group 5 members, requests LON changes when warranted
- Performs support coordination functions
- Responsible for coordinating the member's physical, behavioral and LTSS.

# ECF CHOICES- Roles and Responsibilities

## **Department of Intellectual and Developmental Disabilities (DIDD):**

- Assists non-Medicaid individuals with completing and submitting the online referral form
- Receives referrals and performs intake processes
- Confirm referral screening accurately reflects potential applicant
- Refer potential applicants to interagency committee
- Facilitates program enrollment for qualifying individuals
- Participates in an interagency committee review process for determining enrollment in the reserve capacity
- Completes SIS Informant Form to assist with the assessment for Group 6 applicants
- Complete and submit all required documentation, including but not limited to, the PAE application, HCBS documentation tools, LSA, and other assessments (as applicable) to TennCare for medical eligibility decision
- Gathers and submits to TennCare proof an applicant is in the target population
- Documents applicant's MCO selection
- Assists in quality assurance activities



Qualified Assessor



# Qualified Assessor

- TennCare will only accept ECF CHOICES PAEs assessed by individuals who have been deemed an ECF Qualified Assessor (regardless of TPAES submitter).
- This qualification will be assigned by LTSS for each individual who meets the TennCare ECF Qualified Assessor requirements and is assigned a unique assessor code. This code must be documented on the PAE in TPAES with the Assessor Certification signature.
- ECF PAEs require HCBS applicant and collateral tools as well as other specific documentation in order for TennCare to make accurate target population, medical eligibility, and enrollment decisions. This includes the Life Skills Assessment, the ICAP maladaptive behavior assessment, as applicable and the safety determination request form, as applicable, and the SIS Informant Form, as applicable.

## *What does this mean?*

This means you will be trained and deemed qualified to assess ECF CHOICES applicants using the applicant and collateral tools and other tools as appropriate. These completed tools are used by TennCare as medical evidence to support the functional assessment and to make target population decisions.

# Qualified Assessor

LTSS requirements for ECF Qualified Assessors are as follows:

- Must be employed by an MCO or DIDD;
- Must be a Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, Licensed Nurse, Licensed Social Worker, or qualify as QIDP, QDDP, Care Coordinator, or Support Coordinator Qualified Intellectual Disabilities Professional or Qualified Developmental Disabilities Professional OR have five (5) or more years' experience as an independent support coordinator or case manager for service recipients in a 1915(c) HCBS Waiver and have completed Personal Outcome Measures Introduction and Assessment Workshop trainings as established by the Council on Quality and Leadership and have prior approval by TennCare (provided on a case-by-case basis);
- Must complete ECF Qualified Assessor Training, ICAP MBI Training, and LSA Training and pass associated tests;
- Must complete an annual online refresher training and pass a test to renew ECF Qualified Assessor status and code; and
- If annual test is failed, the individual must complete a comprehensive online ECF Qualified Assessor training and pass the test to receive ongoing assessor status and code.

*Codes will be tracked at TennCare, per assessor, and will be reviewed to ensure correct usage.*



# Priorities

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Reserve Capacity and  
Prioritization

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# Overview

- ECF CHOICES has a limited number of slots available for enrollment.
- A specific number of slots are reserved for people in an emergent situation—these slots are known as reserve capacity and require enrollment approval by an established interagency review committee which consists of DIDD and TennCare staff.
- State law requires that people who have an intellectual disability and have aging caregivers will be eligible for enrollment in ECF CHOICES (subject to Medicaid and program eligibility criteria).
- ECF CHOICES is specifically designed to promote integrated employment and community living as the first and preferred outcome for individuals with I/DD.
- As such, individuals who need assistance maintaining individualized integrated employment and those who need assistance obtaining individualized integrated employment will be prioritized for enrollment.

# Overview

- Prioritization criteria apply only to prioritization for enrollment into ECF CHOICES. Employment is not a condition or requirement for participation in ECF CHOICES.
- Persons prioritized for enrollment in ECF CHOICES on the basis of employment who are enrolled in ECF CHOICES and subsequently lose their job will not be disenrolled from ECF CHOICES, but will be assisted in pursuing new employment opportunities, in accordance with the person's goals and person centered support plan.
- All priority groups for ECF CHOICES are open.

# Prioritization Criteria

**Priority 1:** any age, employed and in need of supports to maintain employment

**Priority 2:** 18-22 years old transitioning from school and young adults completing post-secondary education or training who are employed or have commitment of employment and in need of employment supports

**Priority 3:** Any age, recently unemployed and in need of supports to obtain and/or maintain new employment

**Priority 4:** 18-22 years old transitioning from school with expressed desire for employment

**Priority 5:** Unemployed with desire and commitment to work

**Priority 6:** Transition age youth in Group 4 planning for employment in need of employment supports not available through IDEA or VR

**Priority 7:** Adults and transition age youth who are not currently committed to working, but are willing to explore potential employment options if pre-employment supports are available

**Priority 8:** Individuals age 62 and older\* who are not interested in pursuing employment, but need supports to actively participate in their communities and sustain integrated community living

- \*Individuals age 55 and older may be included in this group if they have more significant disabilities or health conditions that significantly impact their ability to work

# Reserve Capacity Groups

- **Aging Caregiver:**
  - You have an *intellectual disability* and your parent or other unpaid caregiver is age 75 or older (Does not require review/ approval by the IARC)
- **Emergent Circumstances:**
  - The person who used to care for you has died. **OR**, they can no longer care for you because they have a physical or mental health problem or disability.
  - **OR**, you are being abused, neglected or exploited where you live now. **AND**, you don't have any other place to go.
  - **OR**, you need help to move out of a nursing home into a new home in the community. This includes nursing homes for people with intellectual disabilities. (This is called an intermediate care facility for individuals with intellectual disabilities or ICF/IID).
  - **OR**, you or others are at risk of serious harm or danger. Other things have been tried but didn't help. **AND**, you need these services to help keep you and others safe in the community. (It doesn't matter how old you are.)

# Reserve Capacity Groups

- **Sustain Family Living Arrangement:** You live at home with your family. You need a lot of help with medical or behavioral problems. Your family needs help caring for you so you can keep living at home. (It doesn't matter how old you are.)
- **Planned Transition:** You're at least 21 years old. You live at home with your family. The person who supports you is in poor health, and it's getting worse. They can't keep caring for you much longer. You need help to move to a new place soon to get the support you need.

# Reserve Capacity Groups

- **Multiple Complex Health Conditions:** You're an adult. You have two or more big health problems that make it hard for you to work. You need help right away to keep living where you do now.

# Additional Comments

- Individuals actively seeking services who do not fall into one of the open prioritization categories or meet reserve capacity criteria but meet TP requirements, will be placed on the ECF CHOICES Referral List
- Individuals not actively seeking services who meet TP requirements who wish to be placed on the ECF CHOICES Referral List will be placed on the Referral List
- When a person is placed on the Referral List, the MCO and DIDD are responsible for scheduled contact and continuous reassessment of qualifications/needs
- Copies of all documentation reviewed as part of the screening process shall be maintained by the MCO and DIDD as part of the intake file





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# Referral Process

# Referral Overview

- A referral process has been established for ECF CHOICES. This includes a new statewide referral list electronically managed by TennCare.
- There will be no new enrollment into the existing 1915(c) waivers, except for limited populations specified in the currently approved CAC Waiver application.
- The waiting lists for the current 1915(c) HCBS waivers was one source of referrals for ECF CHOICES—notification was provided to each of the persons on the current DIDD waiting list for HCBS waivers.

# Referral Overview

- Outreach will be conducted to other potential referral sources for ECF CHOICES, targeted primarily to persons with DD who have not been eligible for HCBS waivers through DIDD and to specified groups that will be prioritized for intake and enrollment.
- Potential referral sources include, but are not limited to, students identified by local school districts, persons served by advocacy organizations serving people with developmental disabilities and their families, persons served in the Family Support program, and medical/clinical professionals.

# A Referral consists of three steps

Screening

Intake

Enrollment





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Screening

# Online Self Referral Form Completion

- The online self referral form provides basic education about the ECF CHOICES program.
- It also gathers basic information to be used by TennCare to conduct the screening.
- When the MCO or DIDD assists with completion of the form, they should also provide basic education about ECF CHOICES.

# Online Self Referral Form Submission

- Interested individuals should complete and submit the online self referral form.
- If assistance is needed or requested, the MCO or DIDD should complete and submit the online self referral form on behalf of the interested individual.
- TennCare receives the submitted online self referral forms and performs screening.

# Screening

- The completed online self referral form is used by TennCare to help determine:
  - If the potential applicant is likely to qualify for the program;
  - If the potential applicant can be prioritized for intake;
  - If the potential applicant meets reserve capacity criteria.
- The results of the screening are captured in the TennCare referral tracking system (TPAES)



# Screening

- When TennCare receives an online self referral form, an ECF CHOICES referral is sent to the MCO or DIDD.
- The only instance a referral would not be sent to the MCO or DIDD is when the applicant is currently enrolled in CHOICES Groups 1, 2 or 3 or the DIDD Waivers.
- When a referral is received by the MCO or DIDD, intake functions must commence. TennCare will specify the timeframe allowed for completion.

# Referral

- Referrals are sent to the MCO and DIDD via TPAES.
- These queues will be available on the user's TPAES homepage.
- The referral sent to the MCO and DIDD will include the following:
  - completed, submitted referral form
  - Submission date
  - TennCare screening date
  - TennCare screening outcome (referred to MCO/DIDD)
  - Date TennCare sends referral to MCO or DIDD via TPAES
  - Reason for referral



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Intake


# Intake (Face to Face)


- The Intake process will gather information related to Target Population and prioritization/reserve capacity criteria.
- TennCare has developed the Intake Outcome Form to assist in accurately gathering necessary information.
- Complete the **Intake** face to face visit (either 5 business days or 30 calendar days) as indicated on the referral.



**Let's take a Look**

# Intake Outcome Form

 <b>TennCare</b> Division of Health Care Finance & Administration		Applicant Name: _____	
<b>Employment and Community First CHOICES Intake Outcome Form</b>			
This form is to assist the ECF Qualified Assessor with completing the ECF intake process. It is to be completed and uploaded into TPAES at the completion of the intake visit along with the screening outcomes and documentation as outlined below.			
<b>Priority Groups</b> —("You" is the person who has an ID or DD and wants services.)			
1	You have a job. You need help to keep your job.	5	You don't have a job, but you want to work. You need help to get a job. You may also need help to keep your new job.
2	You're a young adult (at least 18 years old) and about to finish school. This could be high school. Or, it could be college or other training after high school. You have a job offer. But, you can only get the job if you have help on the job.	6	You're 14-22 years old. You're still in school. You live at home with your family. You're planning to work when you get out of school. But, you need help getting ready for work. You can't get the kind of help you need from your school or Vocational Rehabilitation.
3	You lost your job not long ago, and you want to get a new one. You need help to get a new job. You may also need help to keep your new job.	7	You're at least 14 years old but not old enough to retire. You're open to exploring the option of working—even part-time or working for yourself, with help from the program. You agree to receive a service called "Exploration." It will help you decide if you want to work and the kinds of jobs you might like and be really good at by visiting job sites that match your skills and interests. It also helps you (and your family) understand the benefits of working and helps answer your questions about work.
4	You're 18-22 years old and about to finish school. You don't have a job offer, but you want to work. You need help to get a job. You may also need help to keep your new job.	8	You're at least 62 years old. You aren't interested in working anymore. You need help to live in and be part of the community. OR You're at least 55 years old. Your health problems make it hard for you to work. You need help to live in and be part of the community.
<b>Reserve Capacity Groups:</b> Requires Interagency Committee Review (w/ exception of Aging caregiver)			
Aging Caregiver	You have an <i>intellectual disability</i> and your parent or other unpaid caregiver is age 75 or older.		
Emergent Circumstances	The person who used to care for you has died. OR, they can no longer care for you because they have a physical or mental health problem or disability. OR, you are being abused, neglected or exploited where you live now. AND, you don't have any other place to go. OR, you need help to move out of a nursing home into a new home in the community. This includes nursing homes for people with intellectual disabilities. (This is called an intermediate care facility for individuals with intellectual disabilities or ICF/IID). OR, you or others are at risk of serious harm or danger. Other things have been tried but didn't help. AND, you need these services to help keep you and others safe in the community. (It doesn't matter how old you are.)		
Sustain Family Living Arrangement	You live at home with your family. You need a lot of help with medical or behavioral problems. Your family needs help caring for you so you can keep living at home. (It doesn't matter how old you are.)		

 <b>TennCare</b> Division of Health Care Finance & Administration		Applicant Name: _____	
Planned Transition	You're at least 21 years old. You live at home with your family. The person who supports you is in poor health, and it's getting worse. They can't keep caring for you much longer. You need help to move to a new place soon to get the support you need.		
Multiple Complex Health Conditions	You're an adult. You have two or more big health problems that make it hard for you to work. You need help right away to keep living where you do now.		
<b>Screening Outcomes</b> (if no PG/RC/TP or visit did not occur)			
Outcome	TPAES Response	Documentation Required	
Unable to reach (UTR)	UTR	See CRA/Interagency Agreement	
Applicant refused face to face visit.	Screen ended per applicant request: RL/No RL	If No RL: signed "No Referral List Document" uploaded to referral	
Out of state	Out of state	Place a note on the referral	
Does not meet criteria for PG, or Reserve Capacity	Doesn't meet Aged caregiver Resv capacity or priority criteria	Intake outcome form	
Does not want to apply for Employment and Community First CHOICES	Screen ended per applicant request; RL/No RL	Intake outcome form; If no RL upload signed NO RL form to Referral	
Does not appear to meet Target Population	Target Population Criteria Not met	LSA, TP documents, Intake outcome form	
<b>Screening Outcomes</b> (if PG/ RC/ TP met)			
Appears to meet Criteria for a Priority Group 1-8	Priority group criteria met; choose exact group from additional drop down option	Intake outcome form, LSA, TP docs	
Appears to meet the criteria for other Reserve Capacity Group	Referred for Committee Review	The Corresponding Committee Review Form for the RC Group, Intake outcome form, TP docs, LSA	
ECF Qualified Assessor Printed Name _____		Date of Visit _____	
Signature of ECF Qualified Assessor _____		Assessor Code _____	

- The Intake Outcome Form must be uploaded with the corresponding intake outcome on EVERY Referral

# Intake Process

- Once the intake process is complete, the MCO and DIDD will document the outcome in TPAES.
- This documentation will include the following:
  - Date of intake visit
  - Intake outcome:
    - Aged caregiver criteria met
    - Priority group criteria met (*If priority group criteria met is chosen, there is an additional dropdown to specify which one is met*)
    - Target population criteria not met
    - Financial eligibility criteria not met
    - Doesn't meet Aged Caregiver Resv Capacity or priority criteria
    - Screening ended per applicant request
    - Referred for committee review
    - Unable To Reach
    - Out of State

# Intake

- Do NOT proceed with the Enrollment visit until a Referral comes into the “*Initiate ECF Enrollment Queue*”.




# Intake (cont.)

- Program capacity is limited and we must tightly manage slots; therefore
- Intake and Enrollment visits may not be combined.
- TennCare will notify you if there is an enrollment slot based upon the result of the intake.



# Leave Behind Sheet

- At the conclusion of the intake visit utilize the Leave Behind Sheet



**TennCare**  
Division of Health Care  
Finance & Administration

**Employment and Community First CHOICES**  
**Intake Visit "Leave Behind"**

Potential Applicant Name (First, Middle Initial, Last):	Date of Visit:
Staff Person:	Staff Person's Telephone Number:

You said you're interested in TennCare's new program, Employment and Community First CHOICES. This program is for people who have an intellectual disability (ID) or a developmental disability (DD). Someone came to see you about this. Here is what they found.

☐ You're in one of the groups that may qualify to enroll and get services (called a "priority category")—BUT ONLY IF there is a program slot for you to enroll in

**What should you expect next?**

We will send you information to TennCare. TennCare will review it. First, they will decide if you have an intellectual or developmental disability.

- What if TennCare decides you don't have an intellectual or developmental disability? They will send you a letter. It will say what to do if you think they made a mistake. Be sure you open your letters from TennCare. AND tell us if your address changes. Call us at [\[Insert MCO/DIDD contact number here\]](#).
- What if TennCare decides you do have an intellectual or developmental disability?

Then, TennCare will see if there is a program slot for you to enroll in now.

- What if there isn't a program slot for you to enroll in now? We will keep you on the referral list for Employment and Community First CHOICES. As soon as there's a program slot for you, we will come back out to complete your enrollment visit.
- What if there is a program slot for you to enroll in now? We will come back out to complete your enrollment visit very soon. After that visit, TennCare will review the information and send you a letter. The letter will tell you if you meet the rules for Employment and Community First CHOICES. But to sign up, you must also qualify to get TennCare.

Applicant Name: \_\_\_\_\_

- What if you meet the rules for Employment and Community First CHOICES and already have TennCare? You can sign up to start getting services.
- What if you meet the rules for Employment and Community First CHOICES, but you don't already have TennCare? They will check on your TennCare application. To enroll in the program, you must qualify for TennCare too.
- What if TennCare decides you don't meet the rules for Employment and Community First CHOICES? The letter from TennCare will tell you why. And, the letter will tell you what to do if you think TennCare made a mistake. Be sure you open your letters from TennCare.

**Where can you find out more about Employment and Community First CHOICES?**

TennCare will send you more information soon if you qualify. To read more now, visit <http://tn.gov/tenncare/topic/employment-and-community-first-choices>. But again, TennCare will contact you soon.

**What do I do if I don't hear from anyone in the next 4 weeks?**

Call the staff person who visited you. Just call the number below.  
[\[Insert MCO/DIDD contact number here\]](#)

☐ You aren't in any of the groups that may qualify to enroll and get services now (called a "priority category").

This means you can't sign up now. We'll keep your name on the referral list. More groups may open up later. You'll receive a letter at least once a year. We may also send a letter if we open new groups. Be sure you open your letters from TennCare. AND tell us if your address changes. Call us at [\[Insert MCO/DIDD contact number here\]](#).

What if things change and you think you may qualify in one of those groups? Call us back at [\[Insert MCO/DIDD contact number here\]](#).

☐ You said you do not want to apply for Employment and Community First CHOICES right now.

If you change your mind, you can fill out a new online referral form. Visit <https://tcreo tn.gov/tntrack/ecf/index.htm>. Or call us back at [\[Insert MCO/DIDD contact number here\]](#).

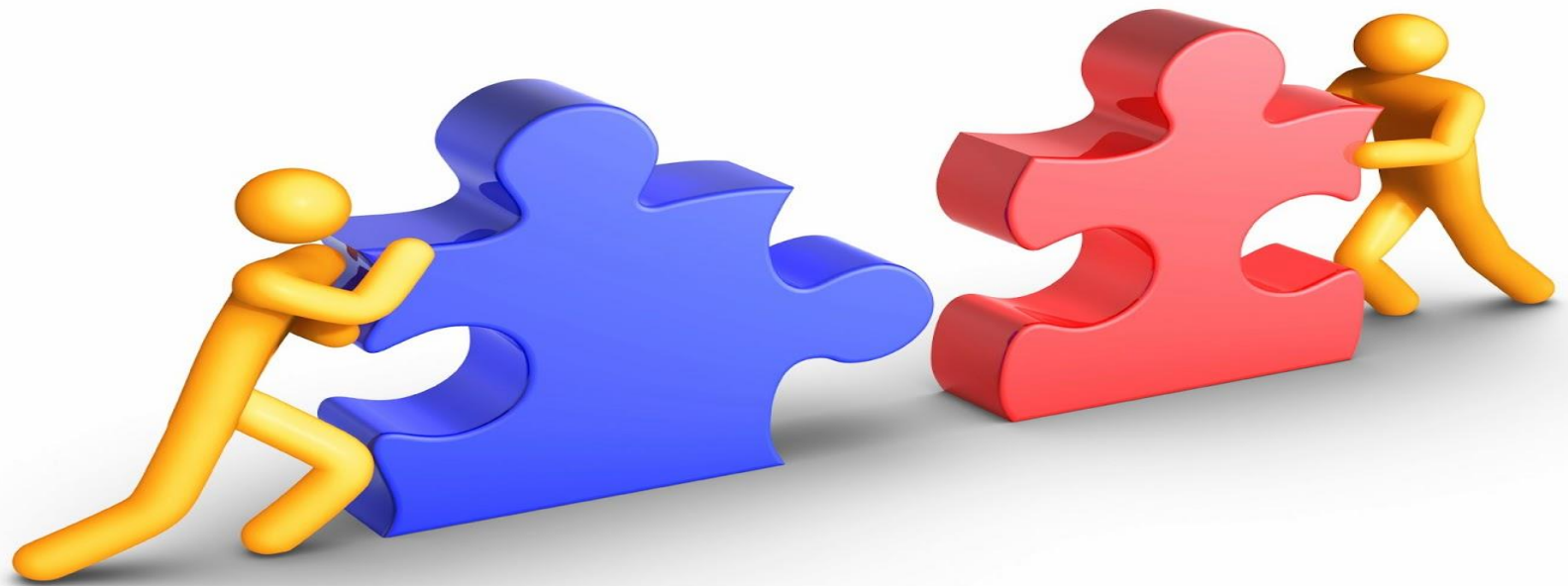
# TennCare Notice

**TennCare will provide notice to the individual when intake indicates:**

- Does not meet Priority Group; on referral list
- Does not meet Reserve Capacity; on referral list
- Does not meet Target Population (appeal rights)
- Identified as PG or RC but no slot available (on referral list)
- All Potential applicants will receive the Leave-Behind Sheet.

# Let's pause and reflect....

- A self referral comes into TennCare
- TennCare refers to you for **Intake** (either 5 business day or 30 calendar days) as indicated on the referral.
- You will go out and see the potential member and complete the intake visit, using the “Intake outcome Form”
- You upload the appropriate documents to TPAES and indicate the “Intake Outcome”
- Complete the “Leave Behind Sheet” for the potential member
- Check the “*Initiate ECF Enrollment Queue*” in TPAES



Enrollment

# Enrollment

- ECF CHOICES enrollment is facilitated when a person has been determined to meet:
  - Aged caregiver criteria; or
  - Reserve capacity criteria for which there is an available reserve slot; or
  - Prioritization criteria for which enrollment is currently open and there is an appropriate slot available.
- Facilitated enrollment functions include:
  - Conducting assessments necessary for TennCare to determine level of care;
  - Filing a Medicaid application for persons not already Medicaid eligible;
  - Providing enrollment counseling and facilitating MCO selection for persons currently enrolled in TennCare Select; and
  - Gathering any additional information needed in order to proceed with enrollment into ECF CHOICES (including completion of the SIS Informant Screening form for Group 6 applicants).

# Initiate ECF Enrollment Queue

- If the referral comes to the “*Initiate ECF Enrollment Queue*” then you may proceed with the enrollment visit.
- After the enrollment visit you may submit the PAE.

# Enrollment Visit

- Once the Referral comes into your queue:
  - You have 5 business days to complete the enrollment visit
  - The PAE and all required supporting medical documentation must be submitted within 20 business days of the face to face visit.

# PAE Requirements

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- An accurate and complete PAE submitted via TPAES
- Life Skills Assessment
- Applicant Interview Tool
- Collateral Interview Tool
- Supporting Documentation for ID or DD
- MCO Financial Checklist
- If 21 or > Safety Attestation

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- Supporting Documentation for ID or DD
- MCO Financial Checklist
- SIS Informant Form
- ICAP-if behavior indicated on PAE
- If 21 or > Safety Attestation



# PAE Requirements (cont.)

## When requesting a Safety Determination

- Safety Determination Request Form; AND if applicable
- ICAP Maladaptive Behavioral Assessment and worksheet with GMI score
- (Ascend's fax 877-431-9568)

## When submission is based on reserve capacity group

- Interagency Committee Review Decision Form; AND
- Multiple Complex Health Conditions Criteria Review Form;
- Emergent Circumstances Review Form;
- Supports to Sustain Current Family Living Arrangements Review Form; OR
- Planned Transition to Community Living Review Form

# Completing the Referral

## PAE Submitted Button:

- You will indicate the PAE has been submitted into TPAES by clicking the PAE Submitted Button on the referral.

# PAE Submitted Button

- Once you click the PAE Submitted button you will then be prompted to enter the PAE Control Number.
  - **Note:** You must remove the default value of ~\*~
- Next enter the PAE control number and click OK. This will route the referral back to LTSS.

# Referral

- The referral is now complete and will drop out of your queue.



# Timelines

## **DIDD or MCO submits all necessary documentation to TennCare**

- Within five (5) business days upon receiving the referral the MCO or DIDD must complete the face to face enrollment visit.
- The MCO or DIDD shall submit the PAE and all supporting documentation gathered, to TennCare as soon as possible, but within no more than twenty (20) business days from the date of the face-to-face visit, regardless of whether the MCO or DIDD has received the supporting documentation.
- If the MCO or DIDD is unable to obtain specific documents within the twenty (20) business days, the MCO or DIDD must document and continue efforts to collect such documents until complete documentation is obtained and submitted.
- For applicants not enrolled in Medicaid, DIDD shall submit the Medicaid financial application and all supporting financial documentation gathered to TNHC as soon as possible, but within no more than five (5) business days from the face-to-face visit, regardless of whether DIDD has received all supporting financial documentation. Any additional financial documentation received after the Medicaid application is submitted, must be sent to TNHC within 2 business days of receipt.

# Enrollment

- Enrollment into ECF CHOICES may be approved only by TennCare, and subject to the availability of an appropriate slot for the person to enroll.
- TennCare LTSS Operations will track the availability of slots on a continuous basis, including persons actively enrolled in each ECF benefit group (CHOICES 4, 5, and 6), and persons in process of enrollment into each benefit group, subject to completion of enrollment processes and determination that the person meets all applicable eligibility and enrollment criteria.

# Enrollment (cont.)

- If at any time throughout the entire ECF process, it is learned that the person does not want to proceed with the process into ECF CHOICES (for any reason), the MCO/DIDD will ask the person to sign the D/C intake form, document the change in referral outcome in the TennCare tracking system and attach the signed form.
- When the ECF process is ended, the MCO/DIDD should confirm with the applicant that s/he wants to remain on the ECF Referral List, indicate their preference on the D/C intake form and document the referral outcome in the TennCare tracking system and attach the signed form.



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Qualifying for ECF  
CHOICES



# Overview

- Target Population
- Medical Eligibility
- Financial Eligibility

Applicants must be in the target population for ECF CHOICES and must meet medical and financial eligibility requirements to qualify for Medicaid payment of long term services and supports in ECF CHOICES.



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# Target Population & Life Skills Assessment

# Target Population

- ECF CHOICES is specifically designed to serve individuals with intellectual and/or developmental disabilities.
- This population is referred to as the target population for ECF CHOICES.
  - Children under age 21\*\* with ID/DD living at home with family and who meet NF LOC.
  - Children under age 21\*\* with ID/DD living at home with family and who, in the absence of HCBS, are “At risk of NF placement”.
  - Adults age 21 and older with ID/DD who meet NF LOC and need specialized services for ID/DD.
  - Adults age 21 and older with ID/DD who, in the absence of HCBS, are “At risk of NF placement”.

\*\*On a case by case basis, the state may grant an exception to permit adults ages 18-20 with I/DD not living at home with family, including young adults with I/DD transitioning out of state custody, to enroll in Groups 5 and 6 if they meet eligibility criteria.

# Qualifying in the Target Population

## Intellectual Disability

Individuals with intellectual disabilities experience significant limitations in two main areas:

- 1. Intellectual functioning and
- 2. Adaptive behavior expressed in the person's conceptual, social and practical everyday living skills, including:
  - Conceptual skills: receptive and expressive language, reading and writing, money concepts, self-direction.
  - Social skills: interpersonal, responsibility, self-esteem, follows rules, obeys laws, is not gullible, avoids victimization.
  - Practical skills: personal activities of daily living such as eating, dressing, mobility and toileting; instrumental activities of daily living such as preparing meals taking medication, using the telephone, managing money, using transportation and doing housekeeping activities; occupational skills; maintaining a safe environment.

Both limitations manifest during the developmental period (i.e. before the age of 18)

# Qualifying in the Target Population

**Intellectual Disability:** Intellectual functioning limitation evident with an Intelligence Quotient (IQ) score of 70 or below, prior to the age of 18


- The PAE must include an attached psychological examination which includes a full scale Intelligence Quotient (IQ) and the person's current level of functioning. The psychological exam must be performed by a Licensed Psychologist or a Licensed Senior Psychological Examiner supervised by a Licensed Psychologist and must have been performed prior to the age of 18.
- If there is not a psychological exam meeting the requirements above, the following proof (in order of preference) may be submitted to TennCare:
  - A Level II PASRR evaluation performed prior to age 18 that includes testing and a Full Scale IQ;
  - A school psychological performed and signed by a licensed professional;
  - School records documenting a diagnosis of ID or evidence of placement in special education combined with evidence of substantial impairments in adaptive functioning during the developmental period;
  - Medical records documenting ID or a condition with a high probability of resulting in ID combined with evidence of substantial impairments in adaptive functioning during the developmental period
- If testing has never been done (often occurring with older applicants) or records are no longer kept or can't be located, a combination of the following may be submitted:
  - A current psychological examination;
  - School records; and
  - Phone interview or written statements from family members, friends, conservator or guardian who has direct knowledge of the applicant's functioning during the developmental period and who attest to specific substantial impairments in adaptive functioning during the developmental period, mental incapacity evidenced by dependence upon others for personal needs (grossly in excess of age-appropriate dependence), and/or the inability to successfully participate in regular education and/or post education employment without interventions or supports.

# Qualifying in the Target Population

## Developmental Disability:

- Is attributable to a mental or physical impairment or combination of both;
- Occurs before the individual reaches twenty-two (22) years of age;
- Is likely to continue indefinitely;
- Results in substantial functional limitation in three (3) or more of the following major life activities;
  - Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- Reflects the person's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are lifelong or extended duration and are individually planned and coordinated.

# Life Skills Assessment



STATE OF TENNESSEE, HEALTH CARE FINANCE & ADMINISTRATION  
BUREAU OF TENNCARE, LONG TERM SERVICES & SUPPORTS  
TENNESSEE LIFE SKILLS ASSESSMENT (LSA)


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Cover Sheet

APPLICANT NAME:
PRIMARY INFORMANT'S NAME:
PRIMARY INFORMANT'S RELATIONSHIP TO APPLICANT:
OTHER INFORMANTS' NAMES AND RELATIONSHIP TO APPLICANT
QUALIFIED ASSESSOR NAME:
QUALIFIED ASSESSOR CODE:
MCO NAME OR DIDD REGIONAL OFFICE:
LOCATION OF INTERVIEW:
LANGUAGE USED*:
DATE OF INTERVIEW:

\* Assessment must be conducted in applicant and informant's primary language(s)

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- The LSA must be completed as part of the determining factor in establishing if a potential applicant is in Target Population (ID or DD).
  - Intellectual Disability (ID) is defined as substantial limitations in functioning as shown by significantly sub-average intellectual functioning that exists concurrently with related limitations in **two (2) or more** of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.
  - Developmental Disability is defined as substantial functional limitations in **three (3) or more** of the following major life activities: self-care, receptive and expressive language, learning, mobility; self-direction; capacity for independent living; or economic self-sufficiency.
  - Once complete, the LSA must be attached to all ECF PAEs.

# Life Skills Assessment- Helpful Tips

- The LSA evaluates the person's adaptive behavioral skills and can only be performed by a TennCare ECF Qualified Assessor.
- Be sure to submit the complete LSA- this includes the Summary Page
- Be sure to answer all of the questions on the LSA- do not leave any blank.
- Be sure to score the LSA correctly
- The applicant cannot serve as the informant





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**Safety Determinations**

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# Overview

- To meet NF LOC the applicant must need ECF CHOICES services on an ongoing basis and must score a 9 or above on the acuity scale.
- If the person does not score a 9, there is an exception process
- For adults, if the person's needs cannot be safely met in the community with the array of services and supports that would be available within the expenditure cap if the applicant was enrolled in CHOICES Group 5 a safety determination can be requested.
- For applicants under age 18 who will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived and absent the availability of benefits in ECF CHOICES Group 4 the child is at imminent risk of placement outside the home, a safety determination can be requested.

# What is a safety determination?

- A decision made by TennCare that an applicant, age 21 and older who has an intellectual or developmental disability would qualify to enroll in ECF CHOICES Group 5, but there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the Applicant was enrolled in ECF CHOICES Group 5

OR...

# What is a safety determination?

- A decision made by TennCare that an applicant under age 18 who has an intellectual or developmental disability and who may qualify for enrollment only in ECF CHOICES Group 4, but the applicant will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived, and absent the availability of benefits in ECF CHOICES Group 4, the child is at imminent risk of placement outside the home.



**TN**

# Safety Determination Request

When should a Safety Determination Review be requested?

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# When to request a safety determination

- A safety determination may be requested for a qualifying adult applicant when:
  - The applicant would likely have an approved acuity score below a 9; and
  - The necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports available if the applicant was enrolled Group 5.
- If during the course of the assessment process, the assessor determines the above criteria is met, AND behavior is a part of the safety concern, the maladaptive behavior assessment and safety determination form is completed and submitted with the PAE.

# When to request a safety determination

- A safety determination may be requested when a qualifying applicant under the age of 18:
  - Would likely have an approved acuity score below a 9;
  - Will likely not qualify financially for TennCare unless the deeming of the parent's income to the child is waived; and
  - Without ECF CHOICES Group 4 benefits is at risk of placement outside the home.
- If during the course of the assessment process, the assessor determines the above criteria is met, the maladaptive behavior assessment and safety determination form is completed and submitted with the PAE.



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**What does TennCare  
Need for a Safety  
Determination Review?**



# Documentation Requirements

## ☐ Completed ECF Safety Determination Form

- At a minimum one justification must be selected for review
- Supporting documentation may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

## ☐ Comprehensive Needs Assessment

- Assessment of the applicants physical, behavioral and psychosocial needs
- 6 month history of care, services and living arrangements
- Explanation of recent events which may have triggered a safety concern

## ☐ Plan of Care

## ☐ Safety Explanation


- ☐ Any other documentation that may show why the person's needs can't be met if enrolled in Group 5, or in the case of Group 4, why the person is at imminent risk of institutionalization in the absence of the services provided in Group 4.

# Safety Determination Request Form

When compiling the supporting documentation for a Safety Determination request the assessor must utilize the “ECF Safety Determination Request Form”.

The ECF Safety Determination Request Form should be submitted with every Safety Request. It should be labeled as ‘ECF Safety Determination Request Form’.

The qualified assessor will be able to select justifications for the safety request and provide descriptions of why that justification was selected. The assessor does not have to complete the sections that were not checked.



Employment and Community First CHOICES  
Safety Determination Request Form

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

*This form is to be used only by an MCO or DIDD submitting a PAE for NF LOC and requesting a Safety Determination in accordance with requirements set forth in TennCare Rule. This form must be completed in its entirety and included with the PAE submission, along with all required documentation as specified below. An incomplete Safety Determination Request Form, or a Safety Determination Form submitted without documentation as specified below, will be denied.*

Total Acuity Score of PAE as submitted: \_\_\_\_\_

Current Living Arrangements:

Applicant residence:

- ☐ Lives in own home alone
- ☐ Lives in own home with parents
- ☐ Lives at home with other family—specify relationship \_\_\_\_\_
- ☐ Lives at home with others—specify relationship \_\_\_\_\_
- ☐ Lives in other's home—specify relationship \_\_\_\_\_
- ☐ Lives in a community-based residential setting—specify \_\_\_\_\_
- ☐ Other—specify \_\_\_\_\_

**Justification for Safety Determination Request:**

Please note that documentation as specified below may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

- ☐ Applicant has an intellectual or developmental disability and a General Maladaptive Index value of -31 or lower

Please attach copy of Maladaptive Behavior Assessment and Score and label MBA and MBI.

**STOP:** If above box is checked please go directly to Page 9, complete the attestation and submit the ECF CHOICES Safety Determination Form. If the box is not checked, please proceed with the remaining sections of the form.

Please check and complete all that apply. While a single justification is sufficient for review of a Safety Determination request, it is critical that TennCare has benefit of all available information pertaining to safety concerns that could impact the applicant's ability to be safely served in Groups 4 or 5, as applicable.

- ☐ The applicant has an intellectual or developmental disability and is under the age of 18 and will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived, and absent the availability of benefits in ECF CHOICES Group 4, the child is at imminent risk of placement outside the home (DIDD use only).

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# Safety Determination Request

- To request a Safety Determination One of the following must be true:
  - The Applicant has an approved total acuity score of at least five (5) but no more than eight (8);
  - The Applicant has an approved individual acuity score of at least three (3) for the Orientation measure and the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the Applicant and/or others (documentation of the impact of such deficits on the Applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk shall be required);
  - The Applicant has an approved individual acuity score of at least two (2) for the Behavior measure; and the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the Applicant and/or others (in addition to information submitted with the PAE, information or examples that would support and describe the imminence and seriousness of risk resulting from the behaviors shall be required);

# Safety Determination Request

- To request a Safety Determination One of the following must be true:
  - The Applicant has an approved individual acuity score of at least three (3) for the mobility or transfer measures or an approved individual acuity score of at least two (2) for the toileting measure, and the absence of frequent intermittent assistance for mobility and/or toileting needs would result in imminent and serious risk to the Applicant's health and safety (documentation of the mobility/transfer or toileting deficits and the lack of availability of assistance for mobility/transfer and toileting needs shall be required);
  - The Applicant has experienced a significant change in physical or behavioral health or functional needs or the Applicant's caregiver has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the Applicant;
  - The Applicant has a pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant potential risk for further falls;

# Safety Determination Request

- To request a Safety Determination One of the following must be true:
  - The Applicant has an established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or emergency department episode will be sufficient to indicate such);
  - The Applicant's behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare that has prompted intervention by law enforcement or Adult Protective Services (APS). A report of APS or law enforcement involvement shall be sufficient by itself to require the conduct of a Safety Determination (but not necessarily the approval of a Safety Determination);
  - The Applicant has recently been discharged from a community-based residential alternative setting (or such discharge is pending) because the Applicant's needs can no longer be safely met in that setting;

# Safety Determination Request

- To request a Safety Determination One of the following must be true:
  - The applicant has diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff;
  - The applicant has an intellectual or developmental disability and a General Maladaptive Index value of -21 or lower, as determined on the Maladaptive Behavior Index (MBI) portion of the Inventory for Client and Agency Planning (ICAP);
  - The applicant is under age 18 and has an intellectual or developmental disability and will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived, and absent the availability of benefits in ECF CHOICES Group 4, the child is at imminent risk of placement outside the home;

# Safety Determination Request

- To request a Safety Determination One of the following must be true:
  - The applicant's MCO has determined, upon enrollment into Group 5 based on a PAE submitted by another entity, that the applicant's needs cannot be safely met within the array of services and supports available if enrolled in Group 5.
  - None of the criteria above have been met, but other safety concerns which impact the applicant being safely served in CHOICES Group 5 exist.

# Documentation Required to support Safety Determination Request

- A completed PAE, including detailed explanation of each ADL or related deficiency;
- A completed Safety Determination request; and
- Medical evidence sufficient to support the functional and related deficits identified in the PAE and the health and safety risks identified in the Safety Determination request;



# Documentation Required to support Safety Determination Request

- A comprehensive needs assessment which includes:
  - An assessment of the applicant's physical, behavioral, and psychosocial needs not reflected in the PAE, including the specific tasks and functions for which assistance is needed by the Applicant, the frequency with which such tasks must be performed, and the applicant's need for safety monitoring and supervision;
  - The applicant's living arrangements and the services and supports the applicant has received for the six (6) months prior to submission of the Safety Determination request, including unpaid care provided by family members and other caregivers, paid services and supports the applicant has been receiving regardless of payer and any anticipated change in the availability of such care or services from the current caregiver or payer; and
  - A detailed explanation regarding any recent significant event(s) or circumstances that have impacted the applicant's need for services and supports, including how such event(s) or circumstances impact the applicant's ability to be safely supported within the array of covered services and supports that would be available if the applicant were enrolled in CHOICES Group 5, or for a child under age 18 who has an intellectual or developmental disability, how such event(s) or circumstances would impact the Applicant's ability to remain in the family home;

# Documentation Required to support Safety Determination Request

- A person-centered support plan developed by the MCO Care Coordinator or Support Coordinator which specifies the tasks and functions for which assistance is needed by the applicant, the frequency with which such tasks must be performed, the applicant's need for safety monitoring and supervision; and the amount (e.g., minutes, hours, etc.) of paid assistance that would be necessary to provide such assistance; and that would be provided by such entity upon approval of the Safety Determination;
- A support plan is not required for a Safety Determination submitted by DIDD; and

# Documentation Required to support Safety Determination Request

- An explanation regarding why an array of covered services and supports, including ECF CHOICES HCBS up to the Expenditure Cap of \$30,000 and one-time emergency assistance up to \$6,000; and non-CHOICES or non-ECF CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the Applicant's needs in the community or for a child under age 18 who has an intellectual or developmental disability, why the availability of benefits in ECF CHOICES Group 4, including ECF CHOICES HCBS up to the Expenditure Cap of \$15,000, non-ECF CHOICES HCBS available through TennCare (e.g., home health); cost-effective alternative services (as applicable); services available through Medicare, private insurance or other funding sources; and natural supports provided by family members and other caregivers who are willing and able to provide such care, will help to minimize the child's risk of risk of placement outside the home.

# Safety Determination Approval

- A Safety Determination request shall be approved if there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in ECF CHOICES Group 5 or for a child under age 18 who has an intellectual or developmental disability, that the Applicant will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived, and absent the availability of benefits in ECF CHOICES Group 4, including ECF CHOICES HCBS up to the Expenditure Cap of \$15,000, non-ECF CHOICES HCBS available through TennCare (e.g., home health); cost-effective alternative services (as applicable); services available through Medicare, private insurance or other funding sources; and natural supports provided by family members and other caregivers who are willing and able to provide such care, the child is at imminent risk of placement outside the home.

# Safety Determination Approval

- An applicant with ID/DD whose GMI score is at or below -31 (categorized as “Serious” or “Very Serious”) will qualify for NF LOC on the basis of the safety determination, regardless of their score on the PAE Acuity Scale. No minimum acuity score and no other information is required as part of the safety determination.
- A maladaptive behavior index value of -21 to -30 (categorized as “Moderately Serious”) is sufficient to warrant a Safety Determination review upon request, but shall not automatically qualify for approval of NF LOC on the basis of safety. The decision is based on a review of the entirety of the person’s needs and circumstances and in accordance with documentation requirements already described.
- For applicants with ID/DD who have a maladaptive behavior index value of -20 and above, the problem behavior assessment and the life skills assessment shall be taken into account along with other documentation requirements in determining whether any safety determination request submitted should be approved.



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# Maladaptive Behavior Assessment (ICAP)

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# Overview

- People with more significant needs may qualify for NF LOC.
- When a Safety Determination is requested, the maladaptive behavior scale and score from the Inventory for Client and Agency Planning (ICAP) is used to capture behaviors requiring extra support to ensure the safety of the individual.
- There are 8 maladaptive behavior assessment questions
- This scale generates an index score that takes into account the frequency and severity of the individual's behaviors.
- The General Maladaptive Index (GMI) score offers a well-established, standardized, and reliable method to capture behaviors which require extra support.

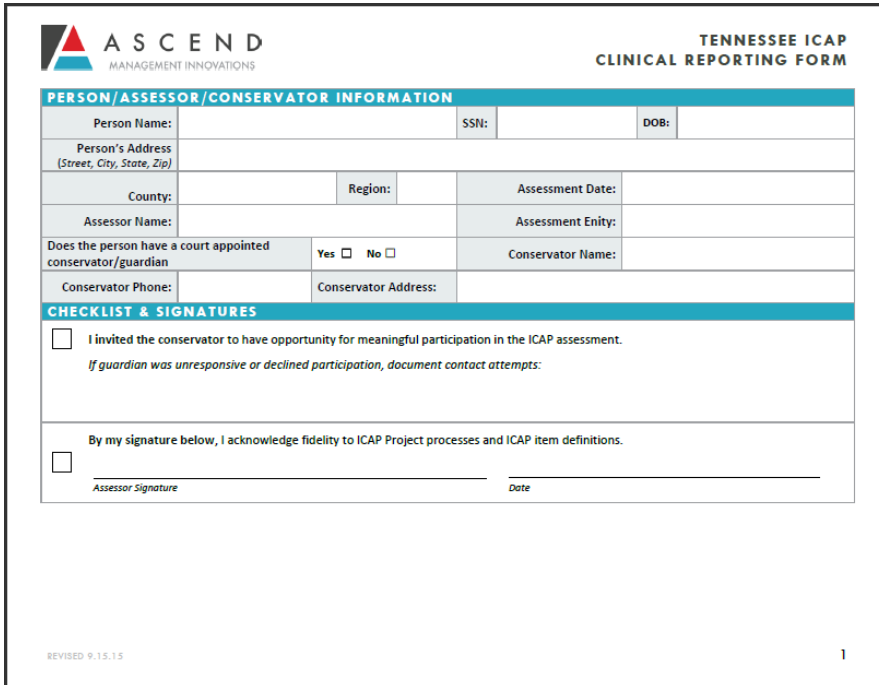
# Overview

- The maladaptive behavior assessment is completed and submitted to Ascend via fax.
- Ascend reviews the maladaptive behavior assessment and the GMI score is calculated.
- The QA will retrieve the GMI score and document on the applicant's ICAP Summary Sheet.
- Required Documents attached to PAE:
  - The ICAP Clinical Reporting Form
  - ICAP Summary Sheet with the calculated score (GMI)
  - ICAP Response Booklet: Cover Page, Section E-Pages 8 and 9

*All of these documents are to be submitted with the PAE application in TPAES.*



# ICAP Clinical Reporting Form



**ASCEND**  
MANAGEMENT INNOVATIONS

**TENNESSEE ICAP  
CLINICAL REPORTING FORM**

**PERSON/ASSESSOR/CONSERVATOR INFORMATION**

Person Name:	SSN:	DOB:
Person's Address (Street, City, State, Zip)		
County:	Region:	Assessment Date:
Assessor Name:	Assessment Entity:	
Does the person have a court appointed conservator/guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Conservator Name:
Conservator Phone:	Conservator Address:	

**CHECKLIST & SIGNATURES**

☐ I invited the conservator to have opportunity for meaningful participation in the ICAP assessment.  
*If guardian was unresponsive or declined participation, document contact attempts:*

By my signature below, I acknowledge fidelity to ICAP Project processes and ICAP item definitions.

☐ \_\_\_\_\_  
Assessor Signature Date

REVISED 9.15.15 1

- The ICAP must be completed and submitted to Ascend via fax. Attach the Clinical Reporting Form with the ICAP.
- Ascend reviews the maladaptive behavior assessment and the GMI score is calculated.
- The QA will retrieve the GMI score and document on the applicant's ICAP Summary Sheet.
- Remember, you **MUST** submit the ICAP Clinical Reporting Form, ICAP Summary Sheet with the calculated score (GMI) and the cover page, page 8 and page 9 of the ICAP Response Booklet with the PAE application.

**Ascend's Fax : 877-431-9568**



Supports Intensity  
Scaled (SIS)

# Supports Intensity Scale (SIS)

- Supports Intensity Scale (SIS <sup>TM</sup>) is a comprehensive, onsite face-to-face assessment required before any applicant can be enrolled in ECF CHOICES Group 6. These assessments last about 2 hours and are conducted by Ascend, a TennCare contractor qualified to administer the SIS<sup>TM</sup>.
- The SIS <sup>TM</sup> will be used in needs assessment and person-centered planning functions for ECF CHOICES Group 6 and will be used for purposes of supports budgeting.
- To facilitate scheduling, MCOs or DIDD completes the SIS Informant Form during the enrollment visit when it is likely the applicant will qualify for ECF CHOICES Group 6.
- The completed form should be attached to the PAE when it is submitted to TennCare.



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**What to Attach?**

# PAE Requirements

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- An accurate and complete PAE submitted via TPAES
- Life Skills Assessment
- Applicant Interview Tool
- Collateral Interview Tool
- Supporting Documentation for ID or DD
- MCO Financial Checklist
- If 21 or > Safety Attestation

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- An accurate and complete PAE submitted via TPAES
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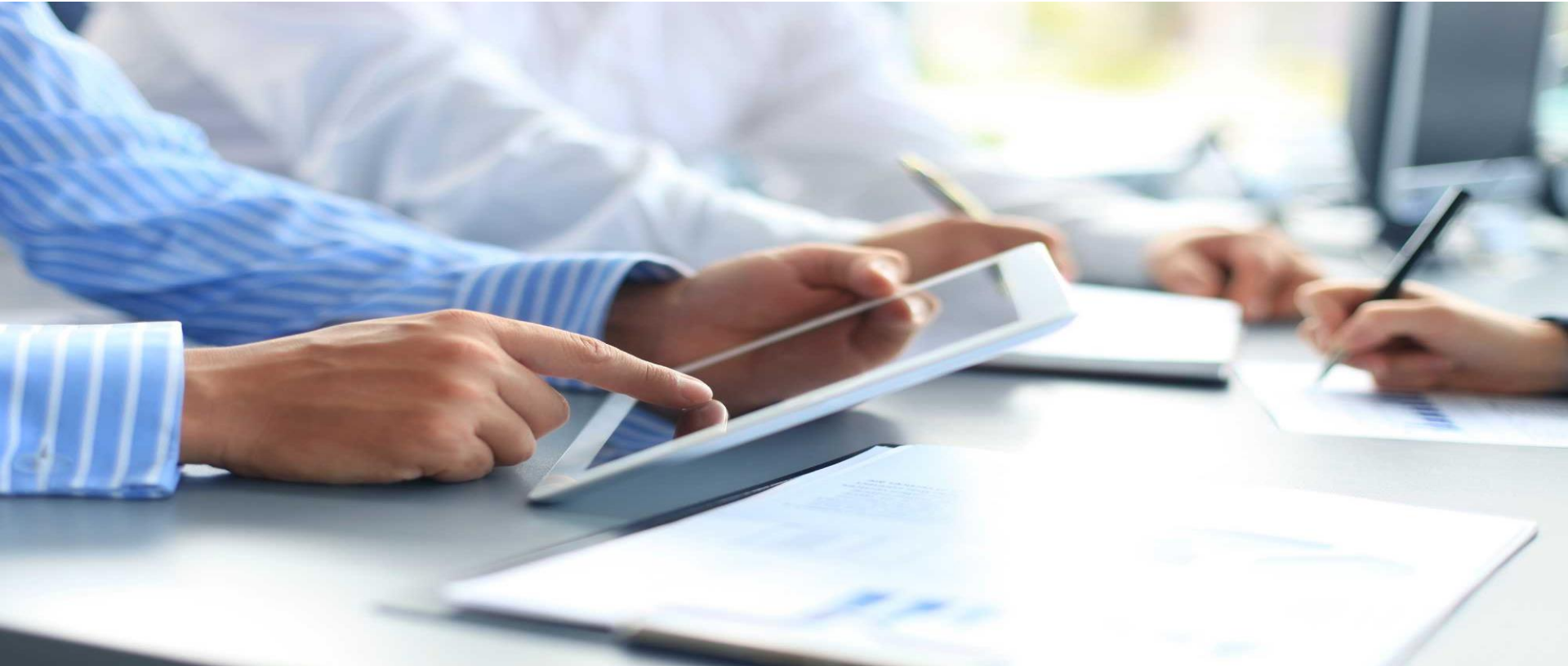
# PAE Attachments (cont.)

## When requesting a Safety Determination

- Safety Determination Request Form; AND if applicable
- ICAP Maladaptive Behavioral Assessment and worksheet with GMI score
- (Ascend's fax 877-431-9568)

## When submission is based on reserve capacity group

- Interagency Committee Review Decision Form; AND
- Multiple Complex Health Conditions Criteria Review Form;
- Emergent Circumstances Review Form;
- Supports to Sustain Current Family Living Arrangements Review Form; OR
- Planned Transition to Community Living Review Form



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ECF Enrollment

# Enrollment

The following requirements must be met before TennCare enrolls a qualified applicant into ECF CHOICES:

- Person must be in the Target Population
- Medical Eligibility criteria must be met
- Financial and Categorical Eligibility criteria must be met
- There must be an available slot
- Person must be able to be safely served in the designated Group



# Enrollment

Specific actions and decisions occur prior to enrollment into ECF CHOICES:

- Determine MCO assignment
- Establish monthly patient liability
- Receive SIS results for Group 6 applicants
- Calculate member's expenditure or cost neutrality cap
- Verify there is an available slot

# Enrollment

Once criteria are satisfied, TennCare enters ECF enrollment into the MMIS and sends the following member information to the assigned MCO:

- ECF CHOICES Group assignment and effective dates
- Level of Care approved
- Level of Need
- Monthly patient liability obligation amount
- Prorated expenditure/cost neutrality cap
- Annual expenditure/cost neutrality cap

TNAnytime will subsequently be updated with this information.

# Enrollment

- When a Group 5 member meets criteria for an expenditure exception, a request must be made to TennCare for the exception (up to \$6000 per calendar year).
- This is accomplished via TPAES with the existing Approved PAE and an email sent to the TennCare CHOICES mailbox: [choicesltc.tenncare@tn.gov](mailto:choicesltc.tenncare@tn.gov)
  - Attach the justification and supporting documentation for the CN(Cost Neutrality) Cap Determination Exception to the existing approved PAE in TPAES.
  - Send an email request with the subject line “ECF Group 5 Expenditure Exception” to the TennCare CHOICES mailbox and include the PAE number in the email.
  - The ECF PAE nurse will review/approve the exception
  - An additional \$6000 for the calendar year will be conveyed on the TennCare eligibility file for that member

# Enrollment

## MCOs are obligated to update a member's enrollment

### Annual LOC Reassessment:

- On at least an annual basis, LOC is reassessed
- ECF CHOICES LOC Reassessment Form is completed and kept in member's file
- If LOC is no longer met for member's ECF group, a "change in LOC" PAE must be submitted to TennCare

### Disenrollment

- A person may voluntarily disenroll from ECF CHOICES, this includes the member's choice to remain in a NF for >90 days
- Voluntary disenrollment must include member signature
- Involuntary disenrollment may occur when program requirements are not met/followed
- Date of death for ECF members MUST be reported to TennCare
- ECF CHOICES Involuntary Disenrollment Form and Voluntary Disenrollment Form is completed and submitted to TennCare



**TN**

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**Did TennCare Deny  
Your Request!?**

# Denials

## PAE Denials

- MCOs and DIDD have a specific number of days to submit PAEs to TennCare. If all necessary supporting documentation is not received by TennCare, NF LOC may be denied.
- When NF LOC is denied, TennCare sends the applicant a notice of adverse action which includes the right to appeal to TennCare LTSS.
- When NF LOC is denied, the PAE should be revised.
- If supporting documentation is received within 30 days of the denial. A PAE revision in TPAES allows for reconsideration of the earlier denial based on the record as a whole (including both the original denied application and the additional information submitted).
- If supporting documentation is not received within 30 days of the denial, a new PAE is required. TennCare will only review the new PAE and will not rely on information available in the originally denied PAE application.

*\* You must click “Revise” to make changes to the PAE in order for TennCare to be notified of a change or revised PAE*

# Denials

## Target Population Denials

- Target population should be determined by the MCO or DIDD prior to beginning facilitated enrollment functions.
- If the PAE does not include supporting documentation showing the person is in the target population for ECF CHOICES, enrollment is denied.
- When enrollment is denied based on target population, TennCare sends the applicant a notice of adverse action which includes the right to appeal to TennCare LTSS.
- When the MCO or DIDD has supporting documentation showing a person is in the target population for ECF CHOICES, the PAE should be revised.

# Denials

## Financial Eligibility Denials

- TennCare's Member Services Division determines financial eligibility for ECF CHOICES.
- When financial eligibility is denied, TennCare Member Services sends the applicant a notice of adverse action which includes the right to appeal to TennCare Member Services.





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**Does the applicant disagree with  
the denial?  
The applicant has the right to  
appeal.**

# Appeals

## LTSS Appeal Steps

1. Financial eligibility appeals are received and processed by TennCare Member Services.
2. Medical eligibility and enrollment appeals are received and processed by TennCare LTSS.
3. Applicant must submit LTSS appeal in writing within 30 days of receipt of the denial notice.
4. TennCare conducts a technical and clinical review of the original PAE and appeal information to ensure LOC/Target population decisions are correct.
5. When an LTSS appeal is received, TennCare may contact the MCO or DIDD for further information or to request additional documentation
6. The Qualified Assessor may be asked to testify at hearing.
7. Appeals may also be sent to Ascend for an in person assessment.
8. TennCare reviews results of such assessments and makes an appeal decision.
9. If TennCare's review results in upholding the denial, the appeal is forwarded to TennCare's Office of General Counsel for fair hearing.
10. If a case goes to hearing, the appellant is notified in writing at least 30 days prior to the hearing date.

*A PAE may be revised (within the first 30 days) or a new PAE submitted (after 30 days) throughout this process*

# ECF Qualified Assessor

Keep in mind! Your Qualified Assessor code is unique to you as an assessor and should not be shared with anyone except in the instance you are working with a TPAES submitter and they are submitting the PAE on your behalf. You must enter your code on every HCBS ECF PAE submitted.



# Who To Contact?

- ECF questions (Referral, Intake, Enrollment, etc.)
  - LTSS Help Desk: 1-877-224-0219
- Financial Eligibility Questions
  - Tennessee Health Connection: 1-855-259-0701



Please continue onto Part II of the ECF Qualified  
Assessor Refresher Training

